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App. No. 09/611,355
Amdt. Dated March 5, 2004
Reply to Office Action of December 5, 2003
Atty. Dkt. No. 6550-100

3/9/04
15/B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cary Gresham Bayne
Title: METHOD FOR CLINICIAN HOUSE
CALLS UTILIZING PORTABLE
COMPUTING AND
COMMUNICATIONS EQUIPMENT
Appl. No.: 09/611,355
Filing Date: 07/06/2000
Examiner: Natalie Pass
Art Unit: 3626

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| CERTIFICATE OF MAILING BY FACSIMILE Date of Deposit: March 5, 2004 I hereby certify that this correspondence is being facsimile transmitted on the date indicated above to the United States Patent and Trademark Office, Arlington, VA. at telephone No. 703/305-7687. Bernard L. Kleinke (Printed Name) <i>Bernard L. Kleinke</i> (Signature) |
|---|

MAIL STOP - FEE AMENDMENT
Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

REPLY AND AMENDMENT

Sir,

In response to the Office Action dated December 5, 2003, please amend the
above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 18 of this paper.

03/10/2004 SCALLIKA 00000003 502635 09611355

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02 FC:2202 27.00 DA

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FACSIMILE TRANSMITTAL

| TO: | FACSIMILE NO.: | TELEPHONE NO.: |
|---|-----------------------|-----------------------|
| Examiner Natalie A. Pass Mail Stop - No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | (703) 305-7687 | (703) 305-3980 |

| | |
|-----------------|--|
| FROM: | Bernard L. Kleinke, Esq. (IP Paralegal Sarah J. O'Brien) |
| RE: | Serial No. 09/611,355 Amendment |
| FILE NO. | 6550-100 |
| DATE: | March 5, 2004 |

| DESCRIPTION OF DOCUMENT, COMMENT OR SPECIAL INSTRUCTIONS: |
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| |
| NUMBER OF PAGES SENT: <u>23</u> (including cover sheet) |

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Atty. Dkt. No. 6550-100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gresham Bayne

Title: METHOD FOR CLINICIAN
HOUSE CALLS UTILIZING
PORTABLE COMPUTING AND
COMMUNICATIONS
EQUIPMENT

Appl. No.: 09/611,355

Filing Date: July 6, 2000

Examiner: Natalie A. Pass

Art Unit: 3626

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| <p align="center">CERTIFICATE OF MAILING BY FACSIMILE</p> <p>Date of transmission: March 5, 2004</p> <p>I hereby certify that this correspondence is being facsimile transmitted on the date indicated above to the United States Patent and Trademark Office Washington, D.C. at telephone No. 703-305-7687</p> <p align="center">BERNARD L. KLEINKE (Printed Name)</p> <p align="center"><i>Bernard L. Kleinke</i> (Signature)</p> |
|---|

AMENDMENT TRANSMITTAL

MAIL STOP - NO FEE AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established.

☐ The fee required for additional claims is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Additional Claims Fee |
|--|-------------------------|------------------------|----------------------------|------------|--------------------------|
| Total Claims: | 33 | 68 | = 0 | x \$18.00 | = \$0.00 |
| Independents: | 3 | 5 | = 0 | x \$84.00 | = \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + \$280.00 | = \$0.00 |
| CLAIMS FEE TOTAL: | | | | | = \$0.00 |

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Atty. Dkt. No. 6550-100

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|--------|
| <input type="checkbox"/> Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$400.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month: | \$920.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,440.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$1,960.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$0.00 |
| CLAIMS AND EXTENSION FEE TOTAL: | | \$0.00 |
| <input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| TOTAL FEE: | | \$0.00 |

- ☐ Please charge Deposit Account No. 502635 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 502635. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 502635.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: March 5, 2004

By Bernard L. Kleinke

Duckor Spradling & Metzger
401 West A Street, Suite 2400
San Diego, CA 92101-7915

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